U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Name DANIEL J KENEVAN Name I.B.E.W. Lo Labor Organization File N P.O. Box, Bldg., Room No., if any P.O. Box, Building and R Street 600 West Washington Blvd. Street 600 West Wa City Chicago City Chicago State Illinois ZIP Code + 4 60661-2940 State Illinois 5. Position in labor organization. Business Agent Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or (except as specified in the exclusions set forth in the instruction)	address of labor organization. Docal #134 Number 035-399 Room Number, if any ZIP Code +4 60661-2940
3. Name and address of person filing. Name DANIEL J KENEVAN P.O. Box, Bldg., Room No., if any Street 600 West Washington Blvd. City Chicago State Illinois ZIP Code +4 60661-2940 Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or (except as specified in the exclusions set forth in the instruction).	address of labor organization. Docal #134 Number 035-399 Room Number, if any Ishington Blvd. ZIP Code +4 60661-2940
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Business Agent Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or (except as specified in the exclusions set forth in the instruction	indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructi	indirectly had any of the following interests
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other ec monetary value from an employer whose employees your organization represents or is actively	ions):
6. Name and address of Employer (including trade name, if any). 7.a. Nature of Interest, Transport	
Name Continue of the Contin	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any T.b. Amount.	
Street	
City The production of the control	
State St	al .
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable parabolishments submitted in this report (including the information contained in any accompanying documents), has been examindersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instru	amined by the signatory and is, to the best of the

Telephone Number

Name	of Person	Filing	DANIEL	J.	KENEVAN

File Number U-

B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	SEE	ADDENDUM
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	on	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing 11.b. Approximate dollar value 12.a. Nature of interest held	of such dealing.	ved.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		SEE Z	ADDENDUM
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

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FORM LM-30 ADDENDUM PAGE - SECTION C

FullName:

DANIEL J. KENEVAN

File Number:

Unknown

Report Ending Date: 12/31/2004

13a.	3a. Construction Industry Service Corporation		
13b.	Consultant		
14a.	Luncheon event to present scholarships	14b.	UNKNOWN

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

Signature

Date